MISSOURI DIVISION OF HEALTH - STANDARD, CERTIFICATE OF DEATH Registration District No. DO NOT WRITE AMENDED ON THIS STUB FILED IIII 2. USUAL RESIDENCE (Where deceased lived. If institution: 1. PLACE OF DEATH Residence before a. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Length of stay in 1b Inside Limits TOWN Yes 🕶 No 🖂 hrs. c. FULL NAME OF (If NOT in hospital, give location) Inside Limits (If outside, give location) d. STREET Reside on Farm DATE HOSPITAL OR **ADDRESS** INSTITUTION Yes X No 🗆 Yes D No 🗗 24009 3. NAME OF DECEASED Middle 4. DATE Month Day Year (Type or print) OF 63 DEATH 17 ENFAR IF UNDER 1 YEAR | IF UNDER 24 HR 9. AGE (last birthday) COLOR OR RACE 5. SEX 7. Married □ Never Married X Ноигь Widowed □ 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) FOLLOY MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME None , DTRASSBURGER 2 15. WAS DÉCEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. Ş (Yes, go, or unknown) (If yes, give war or dates of servi ARE 18. CAUSE OF DEATH (Enter only one cause per line for (8), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 Ser IMMEDIATE CAUSE (a) oF 11 INSTEAD Conditions, If any, DUE TO (b) which gave rise to above cause (a), stating the under-13 DUE TO (c) lying cause last. deceased / was 40 female / was PART III. If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS ☐ Yes □ No√ ີ []. Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of Item) 18.) HOMICIDE WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE YES | NO DE 20c. TIME OF Hour Month, Day, Year RIBBON INJURY a.m. p.m. BLACK INK COUNTY STATE 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK IT *IYPEWRITER* READ eand last saw her alive on 21. I attended the deceased from date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred a 22a. SIGNATURE lö AFFIDAVIT 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATOR 276. DAIS 23a, BURIAL, CREMATION ģ REMOVAL (Specify) Calvary Cemetery | 1 | 25. DATE RECD. BY LOCAL REG. St. Louis Mo. ¥ 24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd,

71.

I here or by	by certify that the body whose name is	recorded on the rever	rse side of this certificate was embalgated by me
3	er my personal supervision.	 Signed	Net Embalmed
	Signature of Student Embalmer	Signed	
•		1 ^	Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.